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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	41575/29337
	First Named Inventor	Ryan Xue et al.
	COMPLETE IF KNOWN	
	Application Number	/ To Be Assigned
	Filing Date	10/22/01
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for Cyclic Adjustment of a Supporting Element in a Seat

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
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OR ☐ Correspondence address below**Name** Robert C. Haldiman**Address** Thompson Coburn LLP, One Firstar Plaza, Suite 3500**City** St. Louis **State** MO **ZIP** 63101**Country** USA **Telephone** 314-552-6351 **Fax** 314-552-7351

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Ryan**Family Name**
or Surname Xue**Inventor's**
Signature**Date****Residence: City** Windsor**State**
Ontario**Country**
Canada**Citizenship** Chinese**Mailing Address** 3087 Northway Avenue**City** Windsor**State**
Ontario**ZIP**
N9B 1Y6**Country** Canada**NAME OF SECOND INVENTOR :** ☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Kenji**Family Name**
or Surname Kosaka**Inventor's**
Signature**Date****Residence: City** Windsor**State**
Ontario**Country**
Canada**Citizenship** Canadian**Mailing Address** 156 Camern Avenue**City** Windsor**State**
Ontario**ZIP**
N9B 1Y6**Country** Canada☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	10/22/01
First Named Inventor	Ryan Xue, et al.
Title	Cycling Lumbar Support For Cyclic Adjustment of a Supporting Element in a Seat
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	41575/29337

I hereby appoint:

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name Robert C. Haldiman

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Country USA

Telephone 314-552-6351 Fax 314-552-7351

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Ryan Xue


Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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SIGNATURE of Applicant or Assignee of Record

Name Kenji Kosaka

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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